

REC'D SEP 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28650
Do not use this space.

1. PLACE OF DEATH
(a) County Clay Registration District No. 201
(b) Township Liberty Primary Registration District No. 5280 Registered No. 74
(c) City Liberty (d) Street No. 3612 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY CLAUDIE JAMES
(a) Residence, No. 603 Mill St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 10 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Missouri 0
13. NAME J. J. Harrison 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 9

MOTHER 15. MAIDEN NAME Nancy Huckelby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Clara Anna Casey
(ADDRESS) Chicago Ill 39 St

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cemetery DATE 9/6 1938

19. FUNERAL DIRECTOR Brothers Jennings & Donohoe
(ADDRESS) Liberty Mo.

20. FILED 9/15 1938 T. Bryant Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1938

22. I HEREBY CERTIFY, That I attended deceased from March 6 1936 to Sept 2 1938
I last saw her alive on Sept 2 1938 Death is said to have occurred on the date stated above, at 5 m. AM
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis of arteries
& aneurysm
9:7 =

Other contributory causes of importance: Smoking, wine, not eat

Name of operation _____ Date of _____
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) R. E. Sevier, M. D.
(Address) Liberty Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8/3/38

STATEMENT BY LICENSED EMBALMER

I, Victor E. Lemminger, Licensed Embalmer No. 2896

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Victor E. Lemminger
Licensed Embalmer No. 2896

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)